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a.  A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed. **10/584661**

b.  Please charge my Deposit Account No. 503626 in the amount of \$ 1810.00 to cover the above fees. A duplicate copy of this sheet is enclosed.

c.  The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 503626. A duplicate copy of this sheet is enclosed.

d.  Fees are to be charged to a credit card. **WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.**

SEND ALL CORRESPONDENCE TO:



SIGNATURE

Nancy J. Leith

NAME

45,309

REGISTRATION NUMBER

02/28/2007 MPERSON 00000002 503626 10584661

01 :C:1615 1000.00 DA